

Unveiling the meaning attributed to nursing care at the perspective of person with cancer

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Received: 09 Oct 2020;

Received in revised form:

25 Dec 2020;

Accepted: 05 Jan 2021;

Available online: 09 Jan 2021

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Keywords— Oncology Nursing. Nursing care. Oncology Hospital Service. Humanization of Assistance. Professional-Patient Relations.

Abstract— Objective: to verify the meaning attributed to nursing care from the perspective of the person with cancer. Method: descriptive, exploratory research, with a qualitative approach, using an interview script as an instrument and the semi-structured interview as a collection technique. Participated in the research 13 patients, hospitalized in the surgical clinic of the inpatient units of the oncology ward of a public hospital, Center of High Complexity in Oncology, located in the city of Belém, State of Pará, Brazil. Research conducted in August 2019, and for the construction of the data, the thematic content analysis technique proposed by Bardin was used. Results: the analysis of the speeches showed that patients recognize nursing professionals as the main reference for care, comfort and safety, and it is presented as a source of information, both for the health team and for patients and family members. Conclusion: when caring, the meaning of therapeutic intervention and qualitative professional relationship between patient and family are attributed. Knowing the meanings that patients attribute to the act of health professionals, contribute greatly to thinking about the decision making of more targeted and individualized therapeutic plans.

I. INTRODUCTION

Cancer is defined as a pathology developed through recurrent genetic and epigenetic changes in two types of genes called: tumor suppressor genes and proto-oncogenes. In this context, the word "cancer" is conceptualized as a set of multiple diseases that have in common the malignant and disordered growth of cells, which invade tissues and organs quickly, which can cause the individual to develop metastasis, that is, the proliferation of cells to other regions of the body. As they multiply quickly and aggressively, they end up becoming uncontrollable, thus forming tumors (malignant neoplasms) due to the accumulation of cancer cells in the organs and tissues^(1,2).

The incidence of cancer has increased by 20% in the last decades worldwide, mainly in developing countries. The National Cancer Institute (INCA) estimated more than 600 thousand new cases for the year 2018; and the types of cancer that most affected the population are prostate cancer, leading the estimate with 68,220 new cases, followed by breast cancer with 59,700 cases. The incidence was also high for cancer of the colon, rectum, lung, stomach, cervix, oral cavity, central nervous system, esophagus and leukemia⁽¹⁾. The diagnosis of cancer triggers several reactions in individuals, both physical and emotional, with a whirlwind of feelings, internal and family conflicts that can lead to a psychic disorganization leading to an increase in the suffering of this patient. Considering the previous aspects and the serious consequences that they can generate, the communication between the health professional and the patient becomes essential, together with access to information that is of great relevance within the therapy, as the individual is familiarized and understands their pathology itself⁽³⁾.

However, there is still a lot of prejudice and fear from the population in relation to the theme, and the oncological diagnosis is seen by the patient as a path with no possibility of cure. This brings up feelings of distress that refer to the idea of a disease directly related to death, possible mutilations and treatments that cause discomfort. Thus, demystifying the diagnosis of cancer presents itself as a challenge to be faced by nursing professionals, preventing this from being an obstacle to an early intervention⁽⁴⁾.

In this perspective, having to live with the need for aggressive cancer treatment becomes the first obstacle to be overcome because, along with chemotherapy, side effects become part of the patient's daily life, which makes with the main feeling experienced by the individual being the suffering of physical pain, associated with the fragility

of having to live with a disease whose treatment is exhausting and complex⁽⁴⁾.

In addition, in most cases, chemotherapy causes side effects such as nausea, vomiting, alopecia, dyspnoea, fever and fatigue. Directly interfering with the patient's quality of life, causing irritation and depression, affecting the physical, social, emotional and cognitive dimensions; living with pain, threat of death, fear of the prognosis, leading to a low quality of life^(5,6). Such difficulties faced by patients are pointed out by Marinho, Domingues and Olário (7), when they state that the performance of the nursing team in the face of oncology must bring much more than scientific knowledge and well-performed practices, there is a need to understand the human being as a whole, considering its physical, psychological, social, economic and spiritual dimensions.

In this scenario, the nursing team assumes great responsibility regarding the care of these patients, and it is their competence to provide assistance in the diagnostic assessment, treatment, rehabilitation and care for family members. This context requires nurses to take care with priority in the integral evaluation of the patient and his family. Thus, the need to understand the relevance of the care of this professional from the patient's perspective emerged, in the context of his assistance during hospitalization in the hospital environment⁽⁸⁾.

The research problems for the foundation of this study were chosen because of the scope of scientific research on the subject and its considerable value, taking into account the importance of oncology nursing, since it deals directly with physical, psychological and emotional state of the individual with cancer. Given the above, the following research question was elaborated: what is the meaning attributed to nursing care from the perspective of the person with cancer? Therefore, this study aimed to verify the meaning attributed to nursing care from the perspective of the person with cancer.

II. METHOD

Descriptive, exploratory study with a qualitative approach, performed in a surgical clinic of the inpatient units of the oncology ward of a public hospital, Center for High Complexity in Oncology (CACON), located in the city of Belem, State of Para, Brazil. The data collection period was during the month of August 2019.

Thirteen patients participated in this research, which were identified by means of alpha numeric codes, with the following name: "P1, P2 ... where the" P "means participant and the number in the order in which they were addressed in the interview.

An interview script was used as an instrument for data collection, and the semi-structured interview was used as a technique, with the sample closing method being carried out through saturation around the theoretical axes. Minayo⁽⁹⁾ reports that in this saturation sample method, the author limits the entry of new participants in the group when information collected from a certain number of individuals begins to show redundancy. The reason would be that, theoretically, the information obtained by the new participants would add little to the data already obtained.

Inclusion criteria were: people diagnosed with cancer, of both genders, aged between eighteen to seventy-five years, with the ability to talk, who were hospitalized for a minimum of three days, undergoing any type of treatment of an oncological nature. The exclusion criteria were: patients who did not respond to at least one of the items of the data collection instrument, patients in outpatient treatment and patients with neoplasms that compromise the ability to verbalize or who are using medical devices (tracheostomy, CPAP, others.) that make verbalization unfeasible.

The content of the interviews was transcribed in an original way, preserving the expressions used by the participants. However, to use them as a unit of analysis, orthographic corrections were made, excluding language vices, exchange or absence of letters, but maintaining linguistic vices that have meaning in the context of speech.

After transcription, a careful reading was performed, following the methodological criteria proposed by Bardin⁽¹⁰⁾. This research was submitted to the Research Ethics Committee of the Instituto Campinense de Ensino Superior LTDA, CAAE: 06943219.8.0000.5173, with approved opinion, number 3,211,767, on 03/20/2019. All participants signed the Free and Informed Consent Term and Authorization Term for Voice Recording before participating in the study.

The research was carried out following the norms that regulate research involving human beings contained in resolutions 466/12, 510/16 and 580/18 National Health Council (CNS) / National Commission for Ethics in Research (CONEP).

III. RESULTS

In the analysis of the data, it was found that among the thirteen participants, eleven were male and two female. Age ranged from 29 to 75 years with an arithmetic mean of 54.2 years, median of 52 years and standard deviation of 13.8. Most individuals were married (69.23%), as can be seen in Table 1.

Table 1 - Characteristics of study participants, according to gender, age, place of birth and marital status, 2019.

Participant	Gender	Age	Place of birth	Marital status
P1	M	72	Afuá (PA)	Married
P2	M	51	Mosqueiro	Married
P3	M	52	Benevides	Married
P4	M	29	Belém	Married
P5	F	65	Belém	Single
P6	M	64	Breves	Married
P7	M	45	São Miguel	Married
P8	F	48	Capitão poço	Single
P9	M	68	Belém	Married
P10	M	36	Belém	Married
P11	M	48	Mocajuba	Widower
P12	M	75	Breves	Married
P13	M	52	São João de Pirabas	Single

Source: Field Research, Belém, Pará, Brazil, 2019.

The results indicate the aspects related to the importance attributed to the nursing teams that work in the care of cancer patients. The study corpus made it possible to organize the content into two empirical categories, grouped according to the theme extracted from the responses.

Meaning attributed to nursing care

This first category analyzes the meaning of nursing care, the meanings given to the care work offered to patients and how this care impacts in different ways on the continuity of life. It was noticeable in the speeches that the nursing actions are more than direct care to patients, they also go through the emotional and psychological aspects, emerging as assistance support, as can be seen in the following speeches:

"Here, nursing gives us strength and support, through serum, blood pressure measurement, glucose. They never missed anything". (P1)

"Everyone treats them well, gives them a smile and makes us happy. It is a profession that exercises care and deals with situations with the patient" (P2)

"For me, nursing care is that care offered by a person who is in a ward, close to a bed, who is helping with a bath, in a dressing, is helping in what the person needs". (P3)

"They help a lot in the rehabilitation of the sick. They always try to make us well and happy, there is no way to be sad because they are always offering us support ". (P5)

"Nursing is the one who provides guidance and emotional support. They provide the necessary support with guidance, information and support, both for us and for our family ". (P7)

"When they transferred me here, they gave me attention and even today they have not abandoned me. Nursing offers all support for the patient. " (P8)

"Nursing is the one that is always here with us. It deals with the patient directly, with medication, taking care of people ". (P10)

"Nursing gives guidance so that we are not nervous. They come and come here and talk [...] They spend a "positive energy". (P11)

"They treat us well. They talk to give emotional support. They take care not only of the apparent wounds, but also of the emotional ones ". (P13)

Unveiling the meaning attributed to nursing care in the person's experience with cancer hospitalized

This thematic category seeks to describe the expression of the interviewees' feelings when receiving nursing care. It was possible to observe that in the care process, patients and nurses create bonds of affection, directly influencing care, the professional-patient relationship and the quality of care. It is well known that the creation of a professional-patient bond, which can influence the prognosis of patients. This can be seen in the following statements:

"Everyone treats me with great care and efficiency. Here is the same as being in heaven, even with my illness, everyone treats me very well ". (P1)

"I get emotional, because it is difficult to have cancer (pause), and here we are treated well. I thank God and everyone here for all their strength, their affection; at all times and are always here to help ". (P3)

"I created a wonderful friendship with everyone, from nurses, doctors to other employees. They are all wonderful. The pleasure of being here is enormous ". (P7)

"I would like to thank you for all the care you give me because I know that it is tiring to be with us, and even then they are always helping me. The

nurse talks to me whenever she can. I have a huge affection for them "(P11)

"I have a lot of affection for everyone, as we are well attended, I never had any doubts, because whenever I needed an answer I was very well attended. I am happy to be treated like this. " (P12)

IV. DISCUSSION

Meaning attributed to nursing care

From the speeches, it is possible to understand the participants' perception of nursing care. This care is expressed in the technical actions carried out on a daily basis; understood by the interviewees as "dressing", "bath", "serum and medication". Care is present during daily life, being attributed to the nursing team, as highlighted by Silva et al.⁽¹¹⁾, when he mentions, that nursing treats the cancer patient in a direct assistance and emotional care.

The role played by the nursing team goes far beyond assistance, given that the sense of the nurse's profession, caring, is multidimensional and permeates the actions of prevention, promotion, recovery and rehabilitation of health, constituting steps of extreme importance⁽¹²⁾. Thus, nursing care has a much deeper, broader and broader meaning than what is seen daily by the user's view, which shows, in its majority, a somewhat vague perspective and focused on the assistance technique. However, this plausible perception and corroborates with a study on the oncology patient's perceptions of care⁽³⁾, which deals with the user's perception of acting based on procedural technique, intrinsic to the client's experience. That is, the client reports what he witnesses and observes during his hospitalization.

Regarding the meaning attributed to nursing care, from the speeches, it can be observed that words such as "strength", "affection" and "efficiency" became evident, allowing to infer that nurses have an important role in care, especially as a mechanism of emotional support, which is believed to directly imply in the improvement and prognosis of the patient. In this context, nursing care, which for several moments, needs to meet physical demands, involving procedures and techniques, of an objective and based on facts, is complemented and challenged to meet human demands and responses affected in the subjective dimensions, inviting the nursing to establish a relationship with patients that transcends this material and physical world⁽¹³⁾.

It was found that patients give nursing a meaning that corroborates the feeling of security and trust. In this understanding, it is considered essential to exercise this

support, since cancer impacts on the various dimensions of daily life, radically changing the routine and life projects. Thus, humanization involves the protagonism and appreciation of the patient and his family in the context of care for cancer patients, as an important source of emotional support⁽¹⁴⁾.

Corroborating the findings of this study, it appears that nursing interventions are configured and reach not only objective aspects involving procedures, but also dimensions of emotional support, promotion of hope, strengthening of self-esteem, listening activity, among others, highlighting the role of bringing comfort, in the face of the stress experienced by cancer patients; in this sense, when well developed, these actions make the experience tolerable and humanize the treatment trajectory⁽¹⁵⁾.

Unveiling the meaning attributed to nursing care in the experience of people with cancer

The process of caring for cancer patients is long and arduous. Therefore, nursing needs to deal with the patient's psychosocial situations and take responsibility for creating a safe and comfortable space. In this way, the patient-nurse binomial needs to create a bond and from that the experiences are built. When asked about the experience, the study found words like "affection" and "friendship". This leads us to infer that the treatment in the researched scenario was based on respect, emotional support, trust promoting an affinity and even affection among the actors involved. Corroborating these findings, it is described that oncology needs to carry out quality care, more than technical professionals with theoretical skills, it needs a professional who understands all the nuances of the client's physical and emotional dimensions⁽¹⁶⁾.

In this study, speeches emerge, which transform the environment more pleasant and help in the recovery of the patient, helping him in the acquisition of abilities to become resilient. It is described that the feeling of mutual and reciprocal respect is significant for the patient's stay, establishes a bond and, after treatment, becomes a feeling of gratitude⁽¹⁷⁾.

In the meantime, some actions of nursing reception are recognized as attitudes that promote well-being, such as: communication, respect, attention, comfort, equal treatment and commitment, which become facilitators of humanization, build a safe environment for the patient and family members and finally collaborates for satisfaction⁽¹⁸⁾; promoting the overcoming of adversities and aligning the treatment course for the patient and nurse⁽¹⁹⁾.

Therefore, humanization emerges as an important tool, which includes communication, interpersonal activities and psychosocial support. Nursing must work towards maintaining a satisfactory service that promotes recovery, not only physical, but emotional of the patient. This bond between nursing-patient enables a new sense of care, transforming it into a key point that makes the experience, in the face of a disease with so much social and psychological weight, more acceptable, facilitating recovery and coping⁽²⁰⁾.

V. CONCLUSION

It was found that the methodological resource applied allowed understanding about the meaning attributed to nursing care from the perspective of the person with cancer. When caring, the meaning of therapeutic intervention and professional patient-family relationship is attributed.

We understand that getting sick with cancer changes not only the existential project of the person who gets sick, but also the entire family and social environment. Experiencing the experience with cancer evokes feelings of fear, fear and frustration in people.

Understanding how patients attribute meaning to the experiences they experience in this new context of their lives is important to reflect on care actions.

Thus, knowing the meanings that patients attribute when doing health professionals, contribute greatly, in thinking about the decision making of therapeutic plans more targeted and individualized to their needs, aiming to improve not only their quality of life during the provision of care during hospitalization, but also in the sense of mediating the relationship with patients and their families.

Thus, the diagnosis often acquires a tragic character capable of giving rise to feelings of hopelessness, depression and anxiety, as well as fears, mainly related to death. Furthermore, the diagnosis brings up thoughts that can influence the individual's emotional state, mainly because it was built and reinforced throughout life, such as: cancer is a disease that leads to a quick and painful death.

In this understanding, the study made it possible to give participants a voice to openly expose their experiences related to such a unique moment in their lives. Thus, the results outlined here contribute to fill an important gap evidenced in the literature, which is the approach of people who experience the process of becoming ill with cancer.

The results presented in this study are not generally applicable, given that it focused on understanding the

meaning attributed to nursing care based on the experiences of people with cancer. Thus, one of its possible limitations is the time frame in which the participants were questioned, that is, the inclusion of people with different and singular trajectories in relation to the time of the disease may have influenced different perspectives and perspectives on their understanding of care received during hospitalization. Another limitation is the small number of participants.

Finally, it is expected that this study will encourage research that considers the inclusion of participants with similar illness trajectories and that take into account the complexity that revolves around the experience of people who are diagnosed with cancer, which may be the subject of other studies.

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